

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 AUG 20 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L43657

1. Corporation Name

Stephen Wilson Gas Company, Inc

2. Principal Office Address - No P.O. Box #

5824 Flintlock Loop

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32311

Country

USA

3. Mailing Office Address

5824 Flintlock Loop

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32311

Country

USA

CR2E081 (12/08)

**4. Date Incorporated or Qualified
To Do Business in Florida**

December 1990

5. FEI Number
59-2990103

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Stephen Wilson

Street Address (P.O. Box Number is Not Acceptable)

5824 Flintlock Loop

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32311

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Stephen D. Wilson
REGISTERED AGENT MUST SIGN

Date 08/3/2009

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Stephen Wilson	5824 Flintlock Loop	Tallahassee, Florida. 32311
			000159773410 08/20/09--01004--007 **1958.75
		RLH	

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Stephen D. Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen Wilson

08/3/2009

Date

850-878-8007

Daytime Phone #